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TO: Each Health Deputy

FROM: Jonathan E. Fielding, MD, MPH
Director of Public Health and Health Officer

SUBJECT: **PROPOSED SEPARATION OF PUBLIC HEALTH – IMPACT ON PATIENTS AND HEALTH SERVICE DELIVERY [Item #11, December 13, 2005]**

This is to follow up on questions raised at the December 7, 2005, Health Deputy meeting on the potential separation of Public Health from DHS, particularly questions about the impact on patients.

Public Health's Role in Clinical Care

Public Health provides very limited clinical services, both in scope and volume. We only provide services to prevent or treat diseases that could be readily transmitted to other individuals, primarily sexually transmitted diseases (STDs) and tuberculosis (TB). Our treatment is integrated with our epidemiologic investigations and our public health investigation unit that identifies close contacts or partners of treated persons for notification. In the fiscal year 2004-05, direct delivery of individual patient care services comprised only about 6.5% of our budget and involved approximately 250 staff out of our 4,100 budgeted positions.

DHS Personal Health and PPP clinics also treat a high volume of STD patients. Patients who come to Public Health STD clinics are those who seek relatively anonymous settings. If those patients have other health care needs, we refer them to Personal Health or PPP facilities.

TB patients are identified either in the process of testing contacts of a known case or by referral from DHS Personal Health or private providers. We provide specialized outpatient services, including care in our clinics and directly observed therapy (DOT) at their domicile or in the clinic. In addition, we do aggressive contact tracing. Patients are referred back to DHS Personal Health for all other routine or specialty care.

We provide immunizations to those who have no other source of care. We believe that it is best for patients to have their immunizations administered as part of their primary care. Therefore, when those with health insurance come to our clinics for immunizations, to the extent practical, they are referred to primary care providers, preferably their medical home. As more and more children receive health benefits and are referred to primary care providers, the number of children needing immunizations from Public Health clinics will continue to decline. DHS personal health services provide needed immunization services as part of routinely provided primary health care services.

CD triage is a public health support activity for communicable disease control. For example, it administers and reads TB tests, provides specific prophylaxis in the event of a case or outbreak of a communicable disease, e.g. for meningococcal disease, or for those exposed to hepatitis A.

Service Integration

Currently, referral procedures between Public and Personal Health facilities differ according to the service needed. Patients at Public Health clinics who require a referral to a DHS facility for care related to a public health condition are referred directly to the DHS clinic that is able to provide the appropriate care. Transfer of patients with TB and severe STD to and from DHS facilities is managed in partnership with hospitals through Public Health liaison nursing staff. Both the STD and TB programs have liaison staff located at DHS hospitals to coordinate public health patients' admittance, treatment, and discharge. STD and TB liaisons also coordinate referrals from DHS facilities to Public Health clinics. In addition, Personal and Public Health doctors will confer on treatment decisions, to ensure that there are no contra-indications or negative interactions to a particular course of treatment.

For services unrelated to the public health conditions, Public Health clinic staff provide referrals appropriate for the urgency of care to DHS facilities, PPPs, or other providers as appropriate. For conditions requiring urgent care, our staff will often call emergency rooms or other facility staff directly to arrange prompt care. Sometimes, for less urgent needs, referrals are made directly to PPPs into appointments that are held open for these referrals. In other situations, patients are provided referral forms and names and phone numbers of providers that are available to them, and given instructions on how to make the appointment. As DHS and other providers expand and improve their capabilities to receive referrals, public health staff will remain fully informed of these capabilities and utilize the best means available to facilitate appropriate care. This

approach will be sustained regardless of whether Public Health becomes a separate department or not.

Preventive Services to DHS Inpatients

Another Public Health activity, which has been erroneously characterized as "integration," is providing technical assistance to Personal Health to assure best practice in prevention to DHS patients. As described in my December 1, 2005 memo to the Board, DHS and Public Health leadership co-chair a task force to help improve prevention practices within DHS. As recommended by this task force, DHS facilities now are providing influenza vaccine (during the appropriate season) and pneumococcal vaccine to all appropriate inpatients. Assistance is also being provided to help DHS facilities screen all patients for tobacco use and refer all smokers to cessation programs.

Patient Experience

On the face of it, neither DHS nor Public Health patients will experience a significant difference in they way they receive care. The implementation plan for the proposed separation specifies that services continue to be delivered in their current locations, so there will be no change for the patients about where they access care. Referral procedures will continue as present. Improvements in care will appear more subtly for the patient, but will be felt more strongly behind the scenes. For example:

With its own procurement process, it will be easier and more expedient to order clinical and laboratory supplies. Public Health will be able to serve clients and process laboratory tests more expediently when it constantly has supplies on hand.

- Referral and discharge procedures will be detailed in the MOU and will not be subject to change based on changes in leadership or clinic administration.

- The needs of public health patients will be paramount when deciding on budget priorities if a new Public Health Department is created. Unfortunately, past budget decisions did not thoroughly take public health patient needs into account, such as the need to make accommodations for TB patients medically able to be discharged but who still need to be detained for compliance reasons when the High Desert TB skilled nursing ward was closed.

  In the long run, a high-visibility focus on prevention and control of chronic disease such as diabetes, cancers and cardio-vascular disease, and continued policy focus on access to health care for all should result in a healthier population and one that uses health services for preventive care and treatment for less acute conditions, rather than emergency services.

With greater control of its administrative processes, Public Health can more easily fulfill its role in bioterrorism and emergency preparedness, which includes working with clinics and hospitals to ensure that they are prepared and are active participants in countywide preparedness activities.

Establishment of an MOU

I feel strongly that all integration and technical assistance efforts must continue and strengthen, and should be included in the terms of the MOU between departments that is required as part of the implementation plan, should the Board approve the separation. The draft MOU, currently being reviewed by DHS and Public Health, will outline the referral procedures between the two departments, and will specify that the STD and TB programs will continue to fund liaison positions and that the hospitals will continue to provide space and access to the necessary records to coordinate the patients' care. The MOU will also include the continuation of a jointly-led task force to implement additional projects that suffuse public health principles into health care delivery. In addition, the continuation of the technical assistance function to help DHS plan for appropriate preventive services should be included in the MOU.

Other Key Public Health Responsibilities

More than 90% of Public Health's resources are directed towards providing contracted prevention, treatment and support services for those with HIV and substance abuse, and population-based prevention and health protection activities, such as communicable disease control, environmental health, maternal and child health programs, health assessment and epidemiology, and other health promotion programs. The limited, but important, clinical public health services that we do provide are in direct support of our health protection role, to prevent the transmission of communicable diseases. The impact of Public Health separation on the population of Los Angeles County is an equally relevant question as the impact on individual patients.

In the health protection role, Public Health sees every county resident as its patient, serving as their partner in protecting and improving their health, and preventing disease and injury. Whether helping them be better prepared for emergencies, protecting them from food borne illness through restaurant inspections and grading, working to prevent or ameliorate a bioterrorism event, helping them improve their physical fitness and nutrition or working to improve prenatal care to get better birth outcomes countywide, public health has the responsibility to contribute to a healthier and economically vibrant county.

Best Practices from Other Jurisdictions

In some jurisdictions that have separated Public and Personal Health, the needs of the health facilities were the impetus for the change. However, the needs of Public Health also played a significant role in the debate. For example, in Boston, the prominence of

HIV and infant mortality as key health problems to be addressed by Public Health and the strong advocacy community around these issues made it clear that Public Health had outgrown its role as a small section in a large, health service-driven department.

The growing importance of emerging infectious diseases and bioterrorism is another reason that public health has warranted separate departmental status in large jurisdictions.

One of the largest advantages to separation cited by Public Health administrators who have been through the process was in developing Public Health's budget. No longer was there a budgetary trade-off between Public Health Nurses and clinical nurses, for example. Budgets were developed based on program needs, with Public Health setting its own priorities. The separation of budgets also made the budget process easier for the administrative and elected officials that were responsible for review and approval.

Another significant advantage is that it has proven easier, in some jurisdictions, to infuse public health principles into health care delivery from outside the health services department, as the Public Health director is better able to challenge the health services department and hold them accountable for incorporating prevention and disease management into their delivery protocols.

Administrators did not cite any problems with service integration after separation. In some jurisdictions, services are co-located, and integration works naturally. Both personal and public health staff understand that both departments provide a continuum of care for the patient. In other jurisdictions, such as New York, the department heads sit on each other's governing or advisory boards.

Another advantage cited is that Public Health departments have used their position as having responsibility for the health of the population to bring multiple sectors together to address health issues. In addition, Public Health could work with all hospitals in the jurisdiction on prevention or quality of care issues, rather than being seen as representing only public hospitals.

If you have any questions or need additional information, please let me know.

JEF:wks

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